

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030993

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340

Primary Registration District No. 3075

Registrar's No. 60

FILED JUL 26 1963

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u>		c. CITY OR TOWN <u>Bernie</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home of Daughter</u>		d. STREET ADDRESS (If outside, give location) <u>Bernie, Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Ellen</u> Last <u>Pointer</u>		4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-10-1886</u>
9. AGE (last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>17</u> Days <u>9</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired House-keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Reynolds County, Ark.</u>	
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Neal</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Allison</u>	
14. NAME OF HUSBAND OR WIFE <u>Gabe Pointer, Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Mrs. Jean Yeager, Dexter, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subsiding embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Tuberculosis of pituitary</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>3 years</u> <u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Dexter, Missouri</u>	
21. I attended the deceased from <u>July 10th 1963</u> to <u>July 13th 1963</u> and last saw her alive on <u>July 13th 1963</u> Death occurred at <u>3:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>M. D.</u>	
22b. ADDRESS <u>Dexter, Missouri</u>		22c. DATE SIGNED <u>7-14-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-16-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bernie</u>	
23d. LOCATION (City, town, or county) <u>Bernie, Missouri</u>		23e. (State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Duffie-Rainey Funeral Home, Bernie, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/16/63</u>	
26. REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>		27. (State) <u>Missouri</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond L. Ruffee

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.